



# *The Dialogue*

A QUARTERLY TECHNICAL ASSISTANCE BULLETIN ON DISASTER MENTAL HEALTH AND SUBSTANCE ABUSE

## *Meet the Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center*

SAMHSA DTAC. It's a long name, but one that many government and service agencies are getting to know as they confront the varied mental health and substance abuse challenges that disasters present. It stands for the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC).

The SAMHSA DTAC is supported by SAMHSA and is operated by Educational Services, Inc. Because there are many organizations involved in disaster mental health and substance abuse, SAMHSA DTAC's role is to broker information and expertise. The Center also provides expert help to States, Territories, and local agencies as they prepare for disasters and provide behavioral services in their wake.

Disaster mental health coordinators, mental health commissioners, substance abuse coordinators, and other State and local service providers have made use of the Center's technical assistance services for everything from free resource materials to on-site, expert consultation.

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## OUR MISSION:

*To provide technical assistance to States and Territories as they prepare for and meet mental health and substance abuse needs associated with catastrophic events and emergencies such as natural disasters, terrorism, bioterrorism, mass criminal victimization, and environmental disasters.*

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One of the ways SAMHSA DTAC has established strong partnerships is by undertaking a needs assessment with the involvement of 47 States and Territories. Building on that data, SAMHSA DTAC was able to structure its programs and services and identify priorities to best meet recipients' needs.

## RECENT ACCOMPLISHMENTS

- >> Developing a specialized SAMHSA DTAC Web site, [www.mentalhealth.samhsa.gov/dtac](http://www.mentalhealth.samhsa.gov/dtac), with a range of disaster resources (See Web Watch at the end of this bulletin.);
- >> Planning and carrying out the SAMHSA All-Hazards Planning National Conference, *Creating a Road Map for Disaster Preparedness*, in Washington, D.C., June 18–20, 2003;

- >> Distributing CD-ROM push packs of materials relevant to disaster mental health outreach programs;
- >> Creating new publications, with disaster mental health experts and national mental health organizations, that address all-hazards planning and cultural competence;
- >> Identifying and providing suitable publications and other materials, arranging for expert consultants, and providing other technical assistance support services upon request;
- >> Developing resource lists of relevant disaster publications on dozens of mental health, substance abuse, and related topics;
- >> Organizing training events and workshops and sharing the experiences of States that already have confronted certain types of disasters;
- >> Conducting site visits and meetings with SAMHSA grantees; and
- >> Distributing *The Dialogue*, a quarterly e-bulletin of information, news, and ideas that promotes communication among SAMHSA's Center for Mental Health Services (CMHS), SAMHSA DTAC, and experts in the field.

## SERVICES AND PRODUCTS

- >> Providing a toll-free telephone number, 1-800-308-3515, that ensures rapid response to questions and requests for assistance;
- >> Supporting extended hours during major national emergencies;
- >> Maintaining a constantly growing resource collection covering a wide variety of topics; and
- >> Offering nationwide dissemination of materials.

## PLANNING AND RESPONSE TO EMERGENCIES

- >> Holding training events and workshops;
- >> Facilitating knowledge transfer;
- >> Providing capacity-enhancement materials and training;
- >> Assisting States and Territories in the aftermath of a declared disaster or other traumatic event;
- >> Addressing needs quickly when States or Territories must respond to emergencies;
- >> Identifying and providing suitable publications and technical assistance materials; and
- >> Collaborating with Federal staff to provide technical assistance from expert consultants.

The SAMHSA DTAC works closely with the Emergency Mental Health and Traumatic Stress Services Branch (EMHTSSB), CMHS, the Center for Substance Abuse Treatment, and the Center for Substance Abuse Prevention on a variety of disaster preparedness and response-related activities.

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**The SAMHSA DTAC made numerous site visits throughout the year, offering training and support in West Virginia, New York, Rhode Island, California, and Connecticut, among other places.**

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# SAMHSA All-Hazards Regional Training Conferences

This series of five regionally based All-Hazards Disaster Planning training conferences brings together teams of mental health, substance abuse, and emergency management professionals; voluntary organizations active in disaster; and other critical participants to address disaster planning in their States.

The first regional training conference was held in Seattle, November 18–20, 2003. Participants from Public Health Service (PHS) regions IX and X attended 3 days of workshops led by experts in disaster mental health and substance abuse.

The second regional training conference was held in Washington, D.C., January 21–23, 2004 for States in PHS regions III and IV. The third regional training conference was held in Dallas, March 2–4, 2004, for States in PHS regions VI and VIII. The remaining regions I and II, and V and VII will receive training by the end of June 2004 with a Chicago meeting planned for May 4–6 and one planned for June 16–18 in Boston.

Participants at the training conferences use SAMHSA's Behavioral Health All-Hazards Disaster Planning Matrix Approach to meet the following objectives:

- >> Examine the historical context of disaster-related mental health and substance abuse services;
- >> Evaluate the impact disaster situations have on behavioral health needs and services;
- >> Understand the concept of all-hazards planning;
- >> Identify key elements of a State plan;
- >> Explore the importance and characteristics of effective leadership during a disaster; and
- >> Recognize potential key resources and develop a strategy for strengthening relationships with them.

The matrix is designed to help States develop, evaluate, and maintain their disaster response plans. Through it, State planners are able to review current Federal sources of funding and:

- >> Evaluate their disaster response plans against the matrix's planning categories;
- >> Analyze the behavioral health needs of special populations affected by disasters;

- >> Recognize substance abuse issues that are common in disaster recovery; and
- >> Become more aware of and prepared to respond to common substance abuse issues.

Breakout discussions highlight stress management, bridging science and service, substance abuse issues, bioterrorism, incident command structures, and the Federal Emergency Management Agency (FEMA) Crisis Counseling Program.

The closing plenary sessions identify available technical assistance resources while helping planners prioritize additional steps to sustain and evaluate their plans. State representatives present their plans to the group and note the top two priorities they plan to address upon returning home.

Since November 2003, SAMHSA DTAC has received positive feedback about both the trainings and the follow up. More information about team building and follow-up will be presented in future editions of *The Dialogue*.

## *Special Topic Conference Calls*

In conjunction with the Targeted Capacity Expansion Grants to Enhance State Capacity for Emergency Mental Health and Substance Abuse Response, a series of topic-specific conference calls on disaster planning is underway. Participants hear from experts on a variety of topics and are able to share information and experiences with other participants.

The first call in the series—on mental health and substance abuse collaboration in disaster planning and response—was held November 10, 2003, and featured a presentation by Ed Spencer, M.Ed., M.S.W., Director of Special Projects/Disaster Management with the South Carolina Department of Mental Health. Representatives from more than 20 States, including mental

health and substance abuse disaster preparedness personnel, participated in the call. Participants found the conference call to be a wonderful opportunity to share ideas, challenges, and success.

The second conference call, scheduled for Thursday, April 8 from 2:00 to 3:30 p.m., EST, will address the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) Bioterrorism Funding and Collaboration. Presentations will be made by Randy Oliver from the Kentucky Department for Mental Health and Mental Retardation Services and Faith Stuart from the West Virginia Department of Behavioral Health and Health Facilities. Both agencies have had great success in collaborating with the Department of Public Health in their States and gaining access to the resources offered by CDC/HRSA for bioterrorism planning.

The special topic conference calls are open to all State and Territory mental health and substance abuse personnel involved in disaster planning and response, in addition to the 35 State Capacity Expansion grantees. For more information or to suggest future topics in the series, please contact Megan Martin or Rebecca Gunning at the SAMHSA DTAC toll-free line at 1-800-308-3515, or by e-mail at [DTAC@esi-dc.com](mailto:DTAC@esi-dc.com).

# Assessing the Needs of Community Mental Health Centers

## STATE PROFILE: INDIANA

Indiana's Family and Social Services Administration's Division of Mental Health and Addiction (DMHA) developed a comprehensive questionnaire to assess how prepared the State's Community Mental Health Centers (CMHCs) are to respond to disasters or emergencies. Indiana is among the first States in the country to devise and conduct such a study. The Indiana State Department of Health (DOH) asked DMHA to partner with it and serve on its Bioterrorism Preparedness Advisory Committee. This committee is charged with assuring that policymakers and elected officials receive regular updates on preparedness activities. The DOH asked DMHA to develop a tool to assess CMHCs' ability to respond to a crisis.

## THE SURVEY

The DMHA created an assessment tool to survey the 30 CMHCs serving Indiana's 92 counties. Using a program called Web Surveyor, the DMHA converted its written assessment tool into a Web-based survey, hoping it would boost response rates.

Questions were asked that required only simple yes/no or true/false answers. Feedback from test groups helped planners further refine the survey.

"The Web-based survey took 45 minutes to give us the information we were looking for," Andrew Klatte, the DMHA's Emergency Management and Project Aftermath Program Director, told *The Dialogue*. "We were able to track the folks who had completed the survey to follow up and get a 100 percent response."

## SUMMARY

The September 11, 2001, terrorist attacks were a national wake-up call about the need to address mental health issues during a crisis. The DMHA has Federal funds to develop a State plan for Indiana, and it also will help CMHCs prepare their own plans.

A statewide plan and pilot programs at two mental health centers should be completed within a year. Once the pilot programs are tested, similar plans will be developed in the rest of Indiana's mental health centers.

"Our first goal is to have a statewide disaster mental health plan that integrates with the public health bioterrorism plan and State emergency plan," Klatte said. "Then we are taking that to the local level. We are bringing everyone to the table to act as a planning committee to make sure the mental health plan integrates with the others for all-hazards."

Indiana's Web-based survey is available for other States and Territories to use as a model. Contact SAMHSA DTAC at 1-800-308-3515 for details.

### THE FINDINGS

The findings were not a surprise for the DMHA: Officials had suspected that local providers were willing to engage in disaster preparedness activities but didn't have the training, expertise, or plan to do so.

"We thought our CMHCs might not be ready for disasters, because this area is foreign to most providers," Klatte said.

Most CMHCs have an internal disaster plan, Klatte said, "but they don't have one that interacts and integrates with public health, emergency management, and other responders."

*Among the survey's key findings:*

- >> 22 of 30 centers felt they needed technical assistance to develop an adequate disaster response plan;
- >> 67 percent of the centers did not have a clear idea of how to meet the public's needs in an emergency; and
- >> 76 percent did not understand the roles of other agencies.

*Specific areas where CMHCs need support and training include:*

- >> Training, expertise, and plan development;
- >> Understanding how disaster mental health works; and
- >> Becoming familiar with the incident command system.

The survey should help Indiana ensure that such issues are taken into account when preparing a State emergency response plan.

## STATE PROFILE: COLORADO

Colorado's Division of Mental Health Services is conducting a disaster mental health needs assessment of the State's CMHCs and other facilities. Curt Drennen, Psy.D., the State's Disaster Coordinator for Mental Health Services, developed the assessment questionnaire using the Indiana needs assessment as a guide.

All of Colorado's CMHCs responded, as did about 15 percent of the State's hospitals, alcohol treatment centers, residential treatment centers, and nursing homes. The DMHS is in the process of entering the data and compiling the results.

The Colorado and Indiana surveys provide comprehensive assessments of agency and staff preparedness for natural and man-made disasters. They address such areas as staff training and deployment capacity, community linkage, disaster planning, disaster response, and public information policies.

A copy of the Colorado questionnaire is available for other States and Territories to use as a guide. Contact SAMHSA DTAC at 1-800-308-3515 for details.



## *SAMHSA Emergency Response Grants*

The tragic, February 2003 fire that broke out at a crowded nightclub in West Warwick, RI killed 100 people and injured many more. Since it was not a presidentially declared disaster, however, the State was not eligible for a FEMA Crisis Counseling Assistance and Training Program (CCP) grant.

Even after Rhode Island had exhausted its own resources, a pressing need remained for crisis mental health and substance abuse services and counseling, so State officials applied for and received a SAMHSA Emergency Response Grant (SERG). This grant is the only disaster response SAMHSA grant available without a presidential disaster declaration.

Rhode Island has used the funds to address the ongoing mental health and substance abuse needs of survivors, family members, first responders, and natural helpers affected by the fire.

Outreach workers have been providing education about recovering from traumatic experiences, specifically fires, through supportive counseling, psychoeducation, and public forums. Some money has gone to educating local professionals on how to support burn survivors.

The SAMHSA DTAC staff members provided startup training for the outreach workers and assisted in developing an outreach plan appropriate to the community's needs. In December 2003, SAMHSA DTAC staff provided training to help prepare for the one-year anniversary of the tragedy.

In October 2003, the Phoenix Burn Society presented information to mental health professionals in Rhode Island about peer support, burn injuries and treatment and important themes for mental health professionals working with burn survivors. Since burn survivors live in the community, community members must learn how to support them.

“Long-term healing takes the ongoing support of neighbors, friends, and co-workers,” Charles Curie, M.A., A.C.S.W., SAMHSA’s Administrator, said in a press release when the funds were awarded. “The nightclub fire in Rhode Island is a trauma from which recovery will be slow and scars may long remain. Through SAMHSA’s financial support for trauma mental health services for families who lost loved ones and survivors of the tragedy, the Federal Government can help heal the emotional scars.”



A SERG is funding of last resort. The SAMHSA provides SERG funding in rare emergency situations in which State and local resources are overwhelmed and no other Federal resources are available. Applicants must demonstrate that the need is greater than existing local and State resources, and must explain why other Federal funding does not meet their needs.

*The SAMHSA SERGs differ from other grants in a few ways:*

- >> The SERG is a SAMHSA-wide program. Funding can be used for emergency mental health services and disaster-related substance abuse treatment and prevention programs (CCPs, in contrast, are only for mental health services). A SERG can be used to address new substance abuse treatment and prevention concerns in response to an event or to replace services destroyed by the disaster.
- >> The SERGs are available in response to non-presidentially declared disasters (in contrast, CCPs require a presidential disaster declaration and are particularly helpful in cases of mass criminal victimization).

In cases where a State or Territory chooses to apply for both CCP and SERG grants, it should first depend on in-State resources, then use CCP funds, and then apply for SERG funds to cover any remaining needs. Any time a State, tribe, or Territory wishes to apply for SERG funds, they should first make sure that other appropriate Federal funding sources, such as the CCP grant, have been explored.

The contact person for the SERG program is Daniel Dodgen, Ph.D., SAMHSA's Emergency Coordinator. He can be reached by phone at 301-443-6213 or by e-mail at [ddodgen@samhsa.gov](mailto:ddodgen@samhsa.gov).

# Meeting Updates

## LEARNING FROM RESEARCH AND CLINICAL PRACTICE (LRCP) CORE DEVELOPMENT MEETING

April 6–7, 2004, the National Child Traumatic Stress Network (NCTSN) will bring together 40 individuals to focus on strategies for developing, evaluating, and disseminating clinical interventions for child/adolescent trauma. Participants will establish priorities and an agenda to guide development of clinical interventions for the network, including timelines for products in development.

*Questions to be addressed include:*

- >> What intervention approaches have been or can be developed for clinical levels of child/adolescent traumatic stress?
- >> What criteria should be used to evaluate the effectiveness of interventions?

- >> Are available intervention approaches developmentally and culturally appropriate?
- >> How can interventions be standardized for dissemination?
- >> What training approaches are needed to successfully implement interventions in clinical settings?

## RURAL NETWORK MEETING

Another meeting, April 22–23, sponsored by NCTSN, will bring together representatives of universities, health centers, and other sites that are developing interventions or providing treatment services in rural, frontier, or tribal areas. Participating sites include Idaho State University; University of Oklahoma Health Sciences Center; Family and Children's Services, Tulsa, OK; Louisiana State University Health Sciences Center; Maine General Medical Center; New Mexico Alliance for Child Traumatic Stress; Child Trauma Treatment Network of

the Intermountain West; University of Montana; Open Arms, Inc.; Catholic Charities, Inc.; and the University of Missouri, St. Louis.

*The sites plan to:*

- >> Formulate goals and strategies and prioritize product ideas;
- >> Assess and prioritize site needs that could be addressed through the network;
- >> Identify existing models that provide assessment, treatment services, and outreach in isolated areas through distance communication;
- >> Include outside stakeholders and organizations as potential partners; and
- >> Include representatives from other LPRC Core committees that deliver trauma services in rural, frontier, and tribal areas.

## PUBLIC SAFETY WORKER GRANTEE MEETING

April 29–30, 2004, EMHTSSB will bring together project leaders of the Public Safety Workers grant program to review the progress of their projects and the lessons they have learned since an initial meeting in February 2003. Technical assistance will be provided on clinical, outreach, and long-term recovery issues; substance abuse issues; sustainability; and evaluation.

*The meeting, to be held at the Hilton Alexandria in Old Town Alexandria, VA, will involve representatives from:*

- >> [Arlington County Community Service Board;](#)
- >> [Fire Department of the City of New York;](#)
- >> [Mount Sinai School of Medicine;](#)
- >> [Saint Vincent Catholic Medical Centers;](#)
- >> [The Mental Health Association, Westchester, NY;](#)
- >> [Safe Horizon, Inc.;](#) and
- >> [South Nassau Communities Hospital.](#)

## CRISIS COUNSELING ASSISTANCE AND TRAINING COURSE

July 19–23, 2004, CMHS and FEMA will cosponsor a Crisis Counseling Assistance and Training Course at the National Emergency Training Center in Emmitsburg, MD.

The purpose of the workshop is to prepare State departments of mental health to respond to presidentially declared disasters. It will provide representatives from State departments of mental health with technical guidance on organizational aspects of disasters, the CCP grant application process, and disaster mental health annexes to the State emergency operations plan. The workshop will present various aspects of disaster mental health concepts through lectures, disaster case studies, small group discussions/activities, and panel presentations on disaster mental health topics.

## STATE CAPACITY EXPANSION GRANTEE MEETING

Planning is underway for the first State Capacity Expansion Grantee Meeting in Washington, D.C., tentatively scheduled for Fall 2004. Representatives from grantees in 34 States and Washington, D.C., will network, report on grant highlights and progress in planning and preparedness efforts, and discuss challenges with their peers. Information from this meeting will be used to help assess progress in national preparedness for behavioral health needs. Participants will include representatives from Alabama, Alaska, California, Colorado, Connecticut, Hawaii, Iowa, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Virginia, Washington, D.C., West Virginia, and Wisconsin. The grantees' Federal Project Officers will contact them as planning progresses.

## Web Watch

### [www.mentalhealth.samhsa.gov/dtac](http://www.mentalhealth.samhsa.gov/dtac)

Since the end of December 2003, SAMHSA DTACs' Web site has provided mental health and substance abuse professionals with a range of resources that can be crucial in responding effectively to a disaster or emergency.

#### **PLAN, PREPARE, AND PROVIDE FOR DISASTERS**

The SAMHSA DTAC invites you to visit:  
[www.mentalhealth.samhsa.gov/dtac](http://www.mentalhealth.samhsa.gov/dtac)

*On the Web site you will find:*

- >> A dynamic homepage with extensive disaster-related information;
- >> An interactive map linked to State disaster plans;
- >> Direct links to obtain technical assistance from SAMHSA DTAC;
- >> Links to Federal agencies and other organizations;
- >> Online resource and reference lists on disaster-related topics;
- >> Links to and listings of relevant Federal publications, including resources in Spanish;
- >> A section devoted to personal preparedness; and
- >> An events calendar.

#### **DISASTER RESOURCES AVAILABLE FROM THE NATIONAL MENTAL HEALTH INFORMATION CENTER**

*The following resources are available online at [www.mentalhealth.org](http://www.mentalhealth.org):*

- >> *Mental Health All-Hazards Disaster Planning Guidance (SMA03-3829);*
- >> *Communicating in a Crisis: Risk Communication Guidelines for Public Officials (SMA02-3641); and*
- >> *Developing Cultural Competence in Disaster Mental Health Programs: Guiding Principles and Recommendations (SMA03-3828).*

To obtain bulk orders of any SAMHSA publication, order directly from the SAMHSA National Mental Health Information Center. Indicate the title, document number, and number of copies. To order, you can:

- >> Call 1-800-789-2647;
- >> Visit [www.mentalhealth.org](http://www.mentalhealth.org); or
- >> Print out an order form and fax it to 301-984-8796.

Orders normally take 2 to 4 weeks to arrive. To expedite receipt, you can give the SAMHSA National Health Information Center your overnight delivery account number.

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#### **EVENTS CALENDAR**

A new feature has been added to the Web site allowing you not only to find out about pertinent disaster-related events but also to add any event that you would like to share. Publicizing your professional event is just a click away!

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#### **WE WELCOME YOUR FEEDBACK**

We hope that you will visit the site often, as new content and features are added regularly.

Please let us know what you think about the content and structure of the Web site. We are very interested in hearing about any comments or suggestions that you may have.

#### **GOT A PLAN?**

We would like to include a plan for every State and Territory on SAMHSA DTAC's Web site. If your State plan is not currently included, please send us a link.